University of California

UCSF NEWS

Central Valley Medical Education Affiliation

The Veterans Administration Hospital in Fresno, one of the hospitals participating in a medical health education program with UCSF School of Medicine.

A new medical education program that will increase the availability of health manpower to residents of the San Joaquin Central Valley will begin this Fall. The medical program, which is the culmination of several years planning, opens a "branch" of UCSF School of Medicine in the Central Valley. This program represents the planning efforts shared by the University, legislators, the Veterans Administration, and Valley community leaders. It is one of the most significant recent undertakings of the Medical School in terms of scope and activities. Although UCSF does have many other affiliations, the Central Valley program is one of its largest commitments to a decentralized approach to teaching.

In June of this year, Francis A. Sooy, M.D., Chancellor of UCSF, and Julius R. Krevans, M.D., Dean of the School of Medicine, reported that the Veterans Administration had awarded UCSF a five-year, $7.14 million federal grant to develop and support a clinical medical education program in the Fresno area; this would emphasize the training of physicians to increase health manpower in the Valley community. During the second year of the grant period a medical facility in Fresno will be erected with a $2.14 million of the original amount awarded. Additional money has been requested to cover the total estimate of $7.5 million for construction.

To make it possible for the new program to start immediately, the Fresno VA, the Valley Medical Center, and other community hospitals will form a teaching nucleus to accommodate students. Third and Fourth year medical students from UCSF will be able to elect clerkships in the Fresno area. University-affiliated House Staff programs in the Fresno area will be strengthened and expanded under this new program.

An Agricultural-Metropolitan Region

Cradled in the heart of California, the Central San Joaquin Valley stretches from Sacramento in the north to the Tehachapi mountain range in the south. It covers almost 26,000 square miles, or approximately 17 percent of California's land area.

The fertile San Joaquin Valley is one of the most productive agricultural spots in the nation, with crops of cotton, fruits, vegetables, and alfalfa predominating. It is also the site of major California oil fields.

In addition to agriculture and oil, the seven-county Central Valley has several recreation areas, including three national parks . . . Yosemite, Sequoia, and King's Canyon.

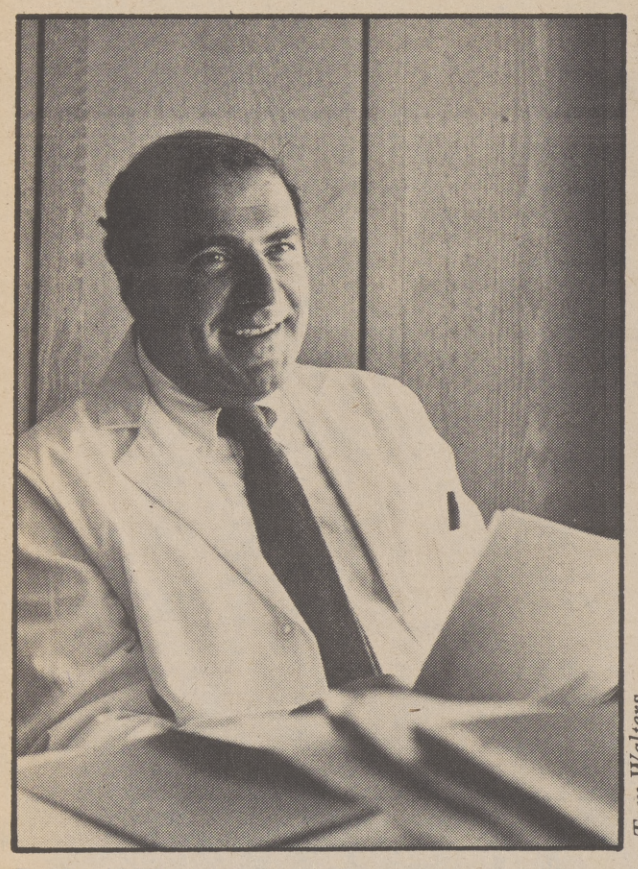
Population figures in 1973 for the Central Valley totaled some 1.2 million, with more than 440,000 persons living in the largest county, Fresno. The city of Fresno, itself, has a population of 180,000.

A survey by the Carnegie Commission on Higher Education recommended Fresno in 1970 as a site for a health sciences center to correct the shortage of physicians, there. The need for primary care physicians in this Valley region with its many rural communities is particularly acute. A large population of Chicano farm-workers is the source of one of the Valley's most pressing health care needs and the new medical education program will emphasize the preparation of physicians in Family Practise, Internal Medicine, and Pediatrics; Obstetrics and Gynecology, and Psychiatry.

Medical School Objectives in the Valley

This UCSF teaching program has as its objectives, the following: 1. to increase the enrollment of undergraduate medical students; 2. to enhance opportunities for medical students, physicians, in residency, and other health science students to take clinical training in a semi-rural, agriculturally based region, where they may experience at first hand the challenges and rewards of health care careers in

Nonprofit Org.
U.S. Postage



Tom Walters

Dr. David Werdegar, Acting Dean of the medical education program, which he and many dedicated people helped to plan and implement.

the Central Valley, San Joaquin Valley, and similar rural settings; 3. to augument opportunities for medical students and graduate physician training in family practice and other primary care disciplines; 4. to promote effective health team approaches to patient care through coordinated clinical instruction of medical students in allied professional and technical health fields; 5. to broaden the availability of the Medical School's program of continuing education in the health sciences for physicians in the Central Valley; 6. to attract and retain physicians and other needed health manpower to the Central Valley; 7. to strengthen the availability and quality of health care for residents of the region.

Development of Program

Because UCSF will be responsible for administering the medical education program, a School of Medicine Search Committee is currently interviewing for the position of Associate Dean, one who will be in residence in Fresno. Dr. David Werdegar, who has been Director of the planning operations, is Acting Associate Dean at the present time.

Newly appointed Medical Director of the VA Hospital in Fresno, Dr. Valerija Raulinitis, will be Assistant Dean for Veterans Affairs and the Director of Medical Affairs of Valley Center, Dr. Jerome Harris, will be Assistant Dean for Housestaff Affairs. There will also be a Dean's Committee to assist in organizing clinical instruction programs. Under the new decentralized medical education program, physicians in the Valley will be appointed to the faculty of UCSF in Fresno.

Dr. F. C. Lepperd, former Director of Veterans Hospitals, was an enthusiastic supporter of the affiliation with UCSF and worked diligently to help develop the program before accepting an assignment elsewhere in the VA system.

Development of the Valley medical teaching program is based on a seven-year grant period. Present estimates project full University support after the seventh year and a legislative resolution (Assembly Concurrent Resolution, #258) declares the Legislature's intent to support financially a clinical medical education program in the Fresno-San Joaquin region.

As the medical education program progresses, careful attention will be given to coordinate teaching, clinical, and research programs with those of other health manpower training programs in the region, including the Area Health Education Center, one of eleven established by federal legislation throughout the United States. It is envisioned that such coordination will add to the potential to develop allied health personnel training programs that can enhance the team approach to health care.

The complex nature of developing and supplementing this UCSF-Central Valley teaching program involves many individuals and organizations. In addition to the VA and Valley Medical Center, contributors include other community hospitals, local medical societies, Cal-Fresno State University, community colleges, and health oriented grass-roots community action groups. All efforts are channeled through the Community Advisory Council which is co-chaired by Dr. Donald Knapp, President of the Fresno-Madera Medical Society, and Mr. Milo Rowell, attorney and interested citizen, and the San Joaquin Valley Health Consortium whose President is Mr. Jerry Schaffer of Merced. It is anticipated that these two organizations will continue to give valuable guidance in the future.

RC

Oral Cancer Expert's Advice

Dr. Sol Silverman of UCSF School of Dentistry talks about oral cancer.

About 7,500 Americans die yearly from oral cancer, often because many of these cases are not discovered early enough for complete cure, says Dr. Sol Silverman, Jr., Professor and Chairman of Oral Biology at the University of California, San Francisco.

"The tragedy is that early detection could not only greatly reduce the terrible toll in death but could minimize the disfigurement and dysfunction that this disease exacts," Silverman points out. "Mouth cancers in their early stages often do not alert the patient to cancer possibility or prompt consultation with the dentist or physician; in addition, early cancers can mimic many innocuous conditions such as canker sores, burns, cuts or infections—conditions that also can often confuse the clinician and not signal alarm."

Silverman stresses that any person having a sore in the mouth that does not heal within a reasonably short time should seek an examination from his dentist or physician. "If the cancer is smaller than 2 centimeters at the time of diagnosis the chances for complete cure about double," he says. "Five year survival rates for oral cancer approximate 40 percent. At present, the only curative treatment is by surgery and radiation, used either separately or in combination."

Head and neck cancers include malignancies of the lips, tongue, floor of the mouth, hard and soft palates, cheeks, gums, throat and larynx, sinuses and salivary glands. These cancers comprise approximately 8 percent of all cancers, according to Silverman, and about 3,000 new cases will be diagnosed in California this year. "The NCCP hopes to improve the poor survival figures and decrease mobidity through education of the public and close cooperation between patients, dentists, physicians, and treatment facilities," says Silverman.

Diagnosis

"Dentists have a unique opportunity through routine mouth examinations to detect malignant growths while they may still be asymptomatic, innocuous, and unsuspected," says Silverman. "Moreover, the dentist is most often the first clinician consulted for general oral complaints and has the initial responsibility of differentiating between benign and malignant conditions."

If the clinician sees a suspicious looking lesion that does not disappear, diagnosis must be established by biopsy (removal of a small piece of tissue for microscopic examination by a pathologist). Often, a cytologic smear is effective in accelerating the diagnosis. (The cytologic smear is the same as the Pap smear technique that has radically reduced death rates from cancer of the cervix within the past 20 years.) Because the majority (90 percent) of oral cancers originate in the squamous, or surface epithelium of the mucous membranes of the mouth. The Pap smear test has proven a very effective method of detecting early, unsuspected cancers, says Silverman.

A white patch—called leukoplakia—is the most dangerous precancerous oral lesion, Silverman points out. "It may be permanently harmless, but it may also be a pre-malignant lesion, or already have turned malignant. Dentists should carefully evaluate and follow patients with these leukoplakias, which must be microscopically diagnosed, removed, or watched with care. Associated red-colored changes increase the likelihood of cancer."

Causes of Oral Cancer

The cause of oral cancer is unknown, says Silverman. It is known to be a disease of older age, with more than 90 percent of cases occurring in persons over age 45 and the average age being 60. It affects men more frequently than women—a ratio of approximately 2 to 1. When cancer of the lip is excluded, oral cancer in women almost equals that in men and is increasing at a faster rate within recent years. Mouth cancers, per se, account for about 5 percent of all cancers.

Investigators agree that the use of tobacco, either smoking or chewing it, increases the risk of developing oral cancer. "Epidemiologic studies have revealed that nine out of ten oral cancer patients smoke," says Silverman.

In a recent UCSF study, Silverman found that 80 percent of 174 patients with oral cancer (excluding

the lip) smoked cigarettes, which is more than double the estimate for an age-matched segment of the general population. After treatment, 116 of the cigarette smoking patients were followed for more than 1 year; and the discouraging facts showed that 61 percent continued to smoke. Moreover, 28 of the 174 oral cancer patients treated developed second oral cancers, and 22 of these arose in the 116 cigarette smoking patients. "We also believe that the dramatic increase in oral cancer in women in recent years is due to increased smoking among women," Silverman adds.

Excessive use of alcohol, too, is now being indicted by many investigators as contributing to oral cancer. "Of 557 patients in whom information on alcohol consumption was available at UCSF, one third stated they consumed more than 5 ounces daily," says Silverman. He points to a 1974 HEW report to Congress which states that "heavy drinking raises the risk of mouth and throat cancer as much as heavy smoking does; and when heavy drinking and heavy smoking are combined, the risk factor jumps enormously."

The hazards of smoking also can be described by the survival time of oral cancer patients following diagnosis and treatment. Says Silverman: "A UCSF study of 875 patients with intra-oral squamous carcinoma, indicated that the 5-year survival rate for non-smokers was 43 percent, whereas for smokers it was only 27 percent."

Silverman, who is chairman of the Head and Neck Committee of the Northern California Cancer Program, is principal investigator for a National Cancer Institute contract of $199,000 to plan a comprehensive head and neck cancer control network among hospitals and medical centers in Northern California and Northwestern Nevada. In addition to emphasis on early detection and treatment, the project also will concentrate on the rehabilitation of cancer patients and counseling of their families.

Joan Spiegelhalter

Outpatient Breast Biopsy

Until recently, when a woman was found by her physician to have a lump in her breast, she would have to enter the hospital for a biopsy (removal of a small piece of tissue for microscopic examination by a pathologist) to determine whether the growth was benign or malignant. She would have to be prepared to undergo a major operation, should the lump prove cancerous, and would have to endure the stress of the possibility that when she woke from the anesthetic she might have lost her breast.

Often, of course, the tumor was benign, in which case she would awaken and learn about the favorable diagnosis and emerge with no more disfigurement than a small incision. Yet, she had paid dearly in time, money, and needless emotional anguish.

According to Dr. Thomas K. Hunt, Professor of Surgery and Director of the outpatient surgical suite at UCSF: "Less than half of women with breast masses actually have cancer."

Today, in selected cases, breast biopsy under local anesthesia can be performed in the outpatient surgical service at UCSF. Between January 1973 and February 1975, 103 such biopsies were done here. Dr. Hunt reports the results of a study based on this experience: "breast biopsy on an outpatient basis is safe, effective, often more humane, and far more economical than the frozen section-immediate operation sequence in the hospital."

He points out that with the rising costs of medical care and hospitalization, many surgical procedures are now being done on an outpatient basis that formerly were performed only in the hospital (plastic surgery, removal of varicose veins, repair of small hernias, etc.). "It goes without saying," he adds, "that excellence of staff and facilities are a pre-requisite for outpatient surgery."

The criteria for selection of patients for outpatient breast biopsy, according to Dr. Hunt, have been age (less than 40); low clinical suspicion of malignancy; and the lump measuring no larger than 3 centimeters in diameter.

Dr. Hunt stresses that if, in the surgeon's clinical judgment, a breast lesion appears to be malignant then hospitalization is often recommended, as it is for elderly patients. Most of the 103 patients selected for outpatient biopsy were in their twenties and thirties. Each had been offered the choice between being hospitalized for biopsy or having the biopsy as an outpatient, and were advised of the advantages and disadvantages relating to both methods.

Results

Dr. Hunt reports that of the 103 outpatient biopsies performed, only two unexpected cancers were found. In these cases, hospitalization and appropriate surgery followed soon thereafter.

He points out that in the past an important medical reservation about the outpatient biopsy policy concerned the belief among some cancer experts that delay between biopsy and radical mastectomy might allow release of cancer cells into the blood and lymph system, thus threatening the patient's cure. Says Dr. Hunt in rebuttal: "Our studies and studies by numerous other investigators have demonstrated that survival rates are *not* affected by a delay of a few days, or even weeks, between the biopsy and the operation."

Mammograms (X-rays of the breast) were obtained prior to biopsy in 49 of the patients, and of these only three lesions had been interpreted as being suggestive of malignancy; however, these proved to be benign upon microscopic examination. There were no false negative mammograms.

A questionnaire requesting the patient's opinion of the outpatient technique was answered by 66, and 50 said they would have an outpatient biopsy again, if needed. Of 16 patients who had had a previous biopsy under general anesthesia in the hospital, 13 expressed preference for outpatient biopsy. Some women said they selected the UCSF service because they preferred not being admitted to the hospital. Working women, especially, liked the idea of losing only one afternoon from work.

Technique

Biopsies are performed by the patient's private surgeon or by resident physicians under the direct supervision of a faculty surgeon. The local anesthetic used is Zylocaine. Incisions for the biopsy, wherever possible, are designed to achieve the optimal cosmetic result. After the total mass has been excised and the wound sutured, a light dressing is applied. Usually, aspirin is sufficient for postoperative relief of discomfort.

Joan Spiegelhalter

History of Dentistry Interviews

The History Collection of the UCSF Library has received a fascinating cross section of the history of dentistry in the San Francisco Bay Area, it was announced recently by Nancy Zinn, UCSF Librarian of the History Collection.

The collection consists of a series of interviews with noted dentists, conducted by Dr. Warren Longhurst. While a senior dental student at UCSF, he began them under the direction of Dr. Robert F. Brigante. They, in turn, were aided by the Regional Oral History Office (ROHO) at the Berkely campus of the University. The ROHO is a part of the Bancroft Library's History of California series.

Dr. Brigante, now Assistant Dean of Student Affairs in the School of Dentistry, gave the project its initial impetus by obtaining funding through the late Dr. Willard Fleming, then UCSF Chancellor.

Dr. Fleming, who received his dental degree at UCSF in 1923 and was Dean of the dental school from 1939 to 1965, related the vast changes taking place in dentistry and dental education between 1918 and 1967. For instance, until 1926 many schools required only graduation from high school to study dentistry, and "it was not uncommon to find a lecturer whose idea of a lecture was to read out of a textbook," noted Dr. Fleming. Student attrition rate was high—25 to 30 percent annually, until more rigorous standards were required of students.

Interviews with 13 other dentists instrumental in shaping the growth of the dental profession include: Drs. Dickson Bell, Reuben L. Blake, George Hughes, Leland D. Jones, George McGee, C. E. Rutledge, William B. Ryder, Jr., Herbert J. Samuels, Joe Sciutto, William Smith, Harvey Stallard, George Steninger, and A. W. Ward.

These were the men who founded the local dental societies. They were caught up in the rapidly developing areas of dental science; such as the change from the use of gold foil to gold crowns, research in the germicidal properties of cement, the development of new tools and of techniques to manage such problems as gum disease (periodontitis).

All of this is recorded, along with humorous and personal anecdotes, the jokes played on student and teacher, memories of famous patients, and facts about dental service in World War II. Throughout, concern is expressed for the future of dentistry, the needs of the patient, and the role of the dentist in society.

In many cases, copies of reprints, photographs, and related materials have been included with the transcripts.

The transcripts may be consulted in the History Collection of the UCSF Library or at the Regional Oral History Office in the Bancroft Library, Berkeley.

Joan Spiegelhalter

UCSF NEWS is a publication of the University of California, San Francisco
Francis A. Sooy, M.D., Chancellor
Produced by the staff of the Office of Public Programs
Editor, Rita Carroll
Issued in the months of September, October, November, February, April, and June.
UCSF NEWS, 1487 Fourth Avenue, S.F. 94143

LRDP Questions and Answers

The background, history and purpose of the UCSF Long Range Development Plan, and some of its implications for the campus and community, are discussed in the following article.

The new Proposed Long Range Development Plan, compiled by Mr. Derek Parker, Campus Consulting Architect, has been completed and revised for presentation to the Board of Regents of the University of California in October, 1975.

How is the Long Range Development Plan related to UCSF's mission as a health sciences resource?

The purpose of the LRDP is to translate the campus Academic Plan into physical terms. The UCSF Academic Plan has been guided by the *University of California's Academic Plan,* which places major emphasis on developing new programs to meet the State's need for expanded health manpower and improved health care

UCSF is unique in the University of California's nine campus system in that it is the only campus whose programs are devoted exclusively to the health sciences. In fulfillment of the University of California goals, the mission of the San Francisco campus is 1) to educate health science students; 2) to conduct health science research; 3) to provide high quality patient care; and 4) to engage in other health related service programs.

These activities directly affect the lives of millions of Californians, including the residents of San Francisco who comprise a substantial percentage of the patients served here. In a broader sense, the achievements of UCSF contribute to the betterment of health care for all humanity.

The health sciences programs of the San Francisco campus are conducted within the four Schools of Dentistry, Medicine, Nursing, and Pharmacy. More than 40 separate undergraduate, graduate, and post-graduate degree programs are offered. Continuing education also is offered for health professionals in all fields.

The UCSF teaching hospitals serve as referral centers for patients from all parts of Northern California and they offer many life-saving services and special procedures not available elsewhere.

Is it necessary to concentrate teaching and service programs on the UCSF campus? Can they be decentralized or dispersed among other UC campuses?

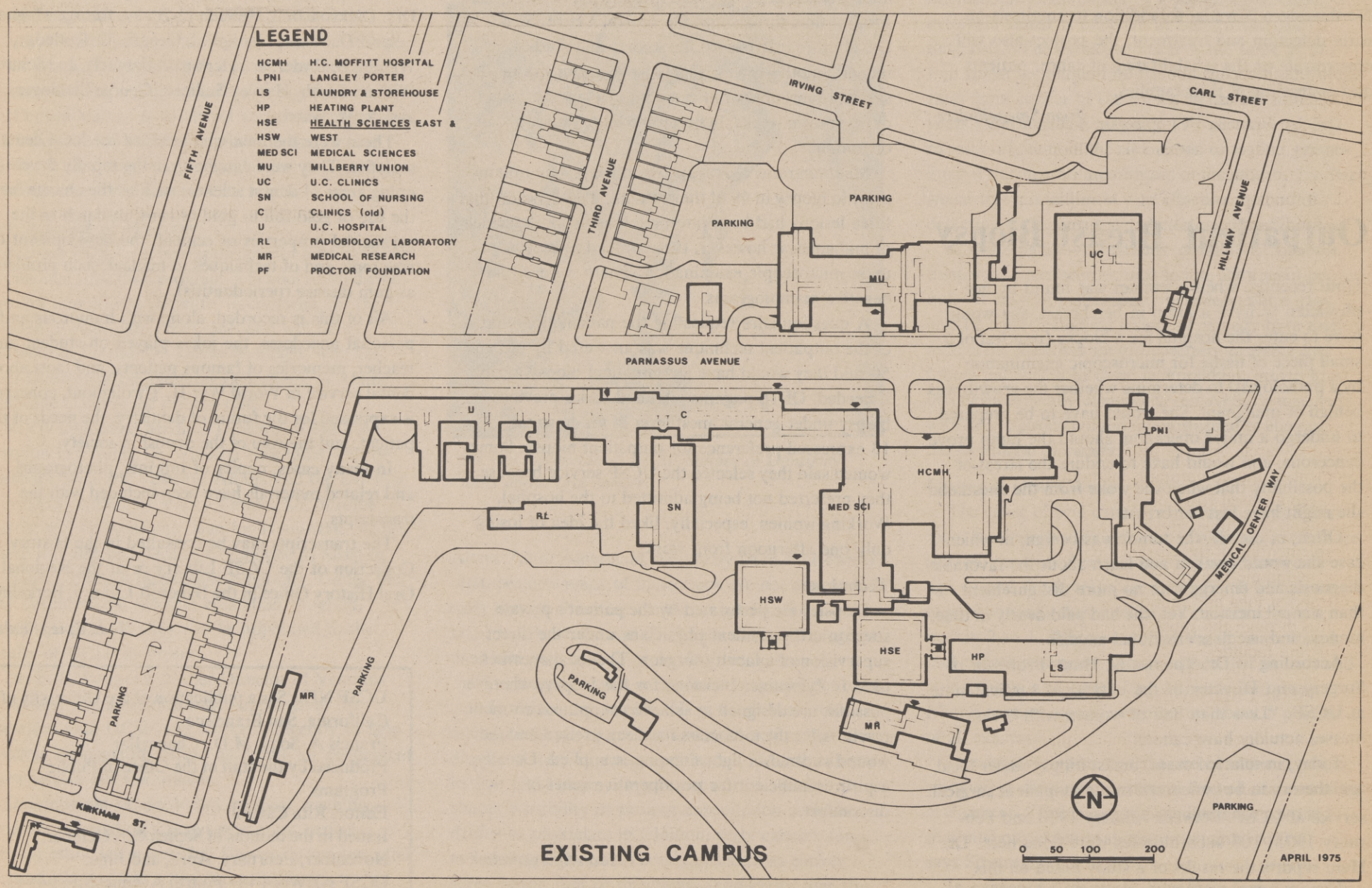
A special concern to UCSF as one of the State's major providers of health sciences manpower is the limitation of on-campus space in which to conduct expanding programs. At present, 60 percent of the medical clinical training is being conducted off campus. Other teaching, research, and patient care programs are also being carried on at other locations, including San Francisco General Hospital, the Veterans' Administration Hospital, and a variety of other sites, including 40 affiliated hospitals both within and outside the City. The LRDP contemplates continuing decentralization of teaching programs for all four professional schools by recognizing development limits at the Parnassus Avenue campus.

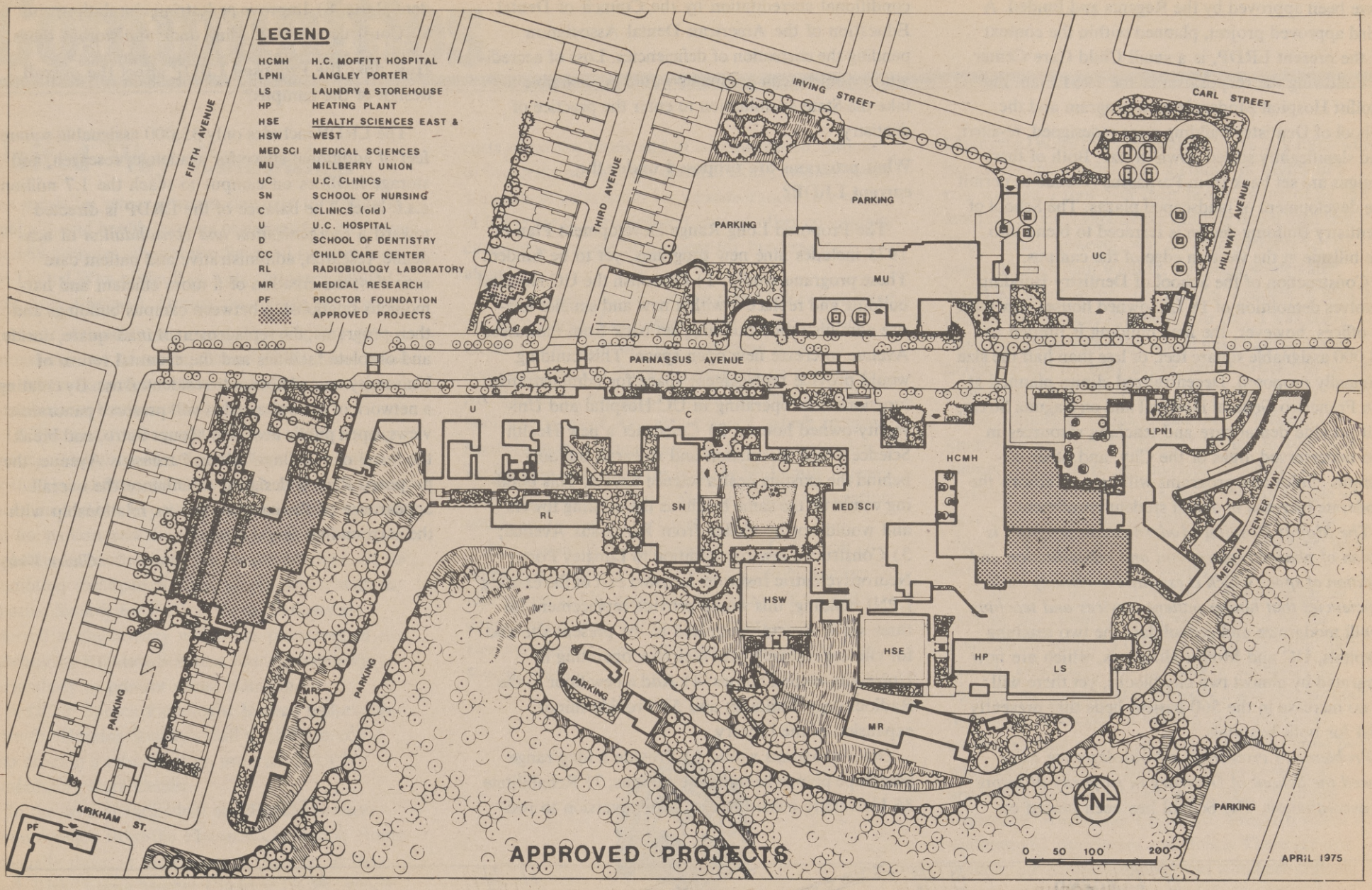
However, one must not lose sight of UCSF's role as a total health sciences resource. To meet its commitments in education and research and to render high quality patient care, UCSF must have a balanced core of professionals and students at various levels. These individuals do not function in isolation, they must act inter-dependently. The remarkable accomplishments of this campus in such areas as cancer treatment, transplant surgery, coronary care, neo-natal care, and the treatment of eye diseases that cause blindness —to mention a few—are directly attributable to the wealth and diversity of talents and special competence which have been brought together here. It is also important to assure that sufficient classroom, laboratory, diagnostic and patient facilities, and support services, are accessible on campus to students, faculty, staff, and to physicians in the community.

In addition to diluting the quality and cohesiveness of the UCSF programs, excessive decentralization could lead to the expensive duplication of services and support facilities, and would increase operating expenses.

What are the economic benefits of the UCSF campus to San Francisco and the Bay Area?

By virtue of its recognized excellence as a health sciences center, the UCSF campus is able to contribute a large sum of State and Federal funds to the Bay Area economy each year. As one of the City's largest





APPROVED PROJECTS

employers, it spends about $86 million a year in wages and salaries.

The San Francisco campus has a current annual operating budget of about $125 million to support its patient care, education, and research programs. Federal funds provide about $38 million of this total; State funds and hospital revenue provide about $36 million and $31 million, respectively; $20 million is derived from a variety of sources, including student fees, gifts and endowments. Less than one-third of UCSF's annual budget comes from State tax revenues.

The UCSF campus receives some $25 million annually from the National Institute of Health for research, and the UCSF School of Medicine ranks first among medical schools in the nation in federally funded research. A large proportion of these funds are spent in the community, including the San Francisco General Hospital, the Veterans' Administration and the Public Health Service Hospitals.

Implementing of the current LRDP would have a major economic benefit by not only providing construction jobs and millions of dollars in wages, but also through the substantial improvement in our health care facilities.

How did the LRDP evolve?

The first long-range development plan for this campus was formulated by architects in the early 1920's and the existing physical composition of the campus reflects the strong influence of this early plan which envisioned construction of an unbroken line of buildings along the south side of Parnassus Avenue.

The long range planning process was revived in the early 1960's and the current LRDP was first drafted in 1964. This plan was designed for an eventual enrollment of 7,500 students and it proposed considerable expansion of the campus, mainly to the north and west.

By 1969, it was recognized that the assumptions of the 1964 Plan were out of date. The decision that the Plan should be substantially revised was influenced by a number of considerations. These included changes in the campus academic program and priorities including a significant reduction in expected enrollment; the tightening of funds available to the campus and the University; a change in the direction of urban and campus planning generally; a growing awareness of the environment surrounding the campus; and the concern of community groups.

How has the Plan been modified since 1969?

The land acquisition program envisioned by the 1964 Plan was only partially implemented and in 1971, the Chancellor placed a ten-year moratorium on the acquisition of additional property. The commitment that no additional property will be purchased which would extend the present UCSF boundaries is reconfirmed and extended through 1985 in the proposed Long Range Development Plan.

Approximately 52 acres of Mt. Sutro, including the former animal holding facilities, are designated as an open space reserve for a period of at least 25 years. The remaining six acres on top of Mount Sutro currently exists in its natural state, and the San Francisco campus has no development plans for this acreage in the foreseeable future.

In 1974, the State Legislature adopted measures limiting UCSF campus building to 1.7 million assignable square feet (a.s.f.) and 3.55 million basic gross square feet (g.s.f.).

How does the LRDP propose to accommodate the projected growth of the campus population?

The present Plan, designed within this State-mandated limit, is based upon a projected enrollment increase from the 1974 total of 3,129 students to 4,170 students by 1986, and a projected 16 percent increase in the overall daily campus population (students, employees, patients and visitors) from 11,545 in 1973-74 to 13,427 in 1984-85.

The growth in student enrollment is made possible by the voter-approved Health Sciences Bond Issue of 1972, to provide facilities for training additional health sciences professionals to meet the future needs of this State. The increase in enrollment will be accommodated in large part by assigning students of the four professional schools to off-campus training centers and affiliated institutions. The 1984-85 population figures reflect approved enrollment levels of 2,727 students on campus and 1,443 students off campus. Thus, more than one-half of the increase will be absorbed in off-campus training sites.

How has the LRDP been implemented up to this time?

The following major structures, recommended in the 1964 Plan, have thus far been added to the campus: the Health Sciences Instruction and Research Towers, East and West; the School of Nursing Building; and the UC Clinics and Garage. Two other major projects, conceived in the 1960's, Moffitt Hospital Modernization and the School of Dentistry Building,

have been approved by the Regents and funded. A third approved project, planned within the context of the present LRDP, is a small Child Care Center.

Following the reappraisal of the 1964 Plan, the Moffitt Hospital Modernization program and the School of Dentistry building were redesigned, re-sited, and significantly scaled down in size. Both of these designs are set back from Parnassus Avenue to permit the development of landscaped plazas. The School of Dentistry Building design is terraced to blend into the hillside at the western edge of the campus.

Construction of the School of Dentistry Building involves demolition of 18 UC-owned houses now used as offices, however, the new building is limited to 68,000 assignable square feet, or less than half the size originally proposed. Decentralized clinics planned at San Francisco General Hospital and on Laguna Street, will provide dental care and teaching resources in two underserved areas of the City, and other off-campus clinics and programs will help to absorb the moderate increase in dental student enrollment.

The Moffitt Hospital Modernization program is a plan of phased replacement and rehabilitation and addition of space which is essential to remedy major deficiencies that hinder patient services and teaching. It will modernize and consolidate the two teaching hospitals, UC and Moffitt Hospitals, which are now separated by almost two city blocks, yet there will be no increase in the 560 patient beds that presently exist for both hospitals.

Problems of crowding and obsolescence have placed the School of Dentistry in jeopardy of losing its accreditation. The School has been placed on conditional accreditation by the Council of Dental Education of the American Dental Association pending the correction of deficiencies. Loss of accreditation would mean graduates would be ineligible to take the State examination to enter the practice of dentistry.

What programs are proposed under the current LRDP?

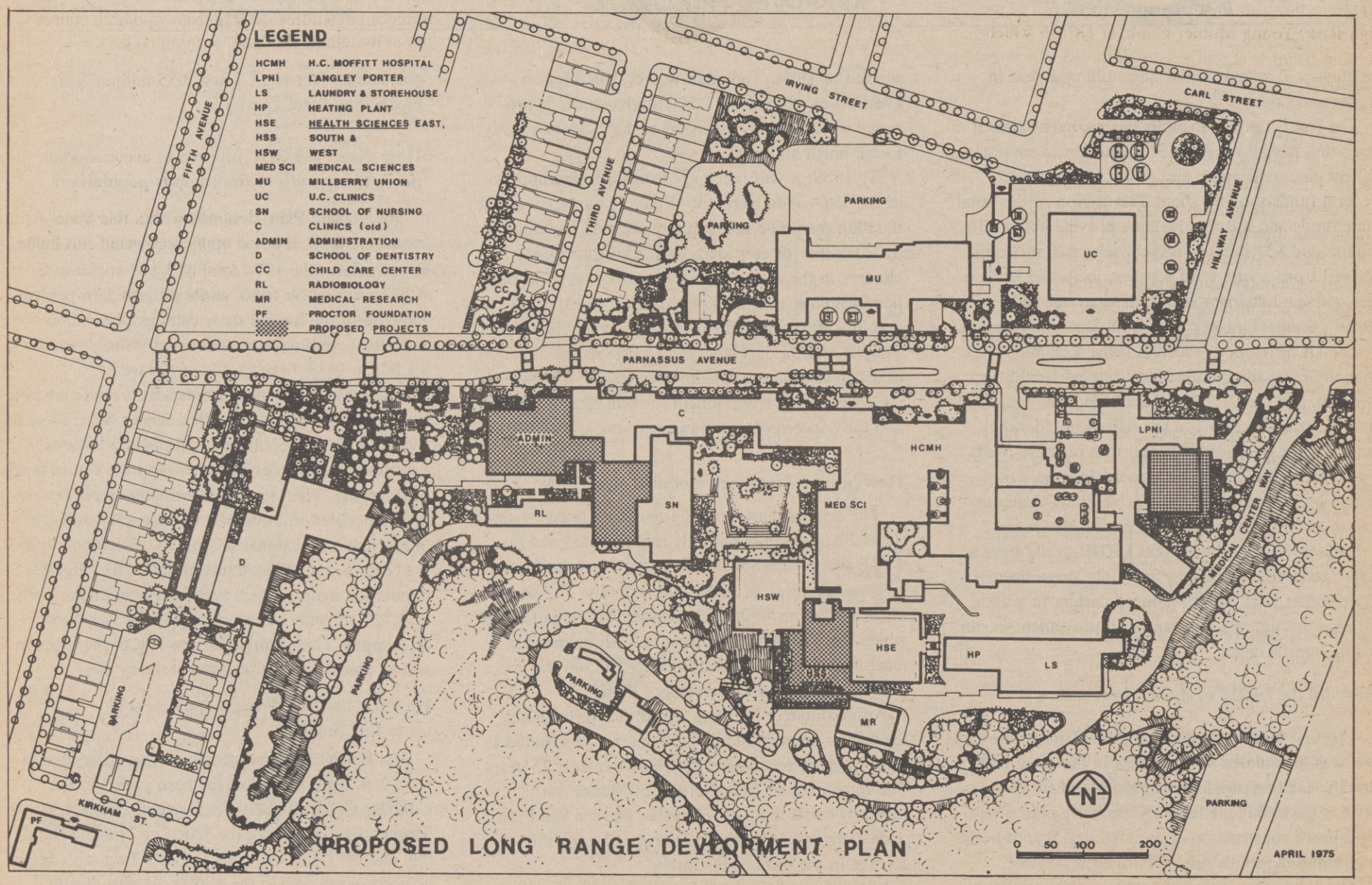
The Proposed Long Range Development Plan of 1975 includes nine new programs, yet to be funded. These programs would: 1) Demolish the UC Hospital building and replace it with a new and smaller low-rise administration building, set back from Parnassus Avenue to create new open space. This building would provide replacement space for administrative functions now operating in UC Hospital and University-owned houses; 2) Construct a new Health Science South instruction and research building behind the existing health science towers. This building would be the same height as the existing towers and would not be visible from Parnassus Avenue; 3) Construct a low-rise addition to Langley Porter Neuropsychiatric Institute. Located east of the existing LPNI building, this would provide replacement for three small structures located in the present site and for clinical research activities now operating in University-owned houses; 4) Add a new floor to the Radiobiology Building; and 5) Provide minor expansion of the Library.

Other programs would 6) Provide a long range landscape plan to beautify the campus; 7) Rehabilitate 36 University-owned houses for conversion to residential use; 8) Improve pedestrian circulation; and 9) Construct a new loading dock and storage areas.

How does the Proposed LRDP affect the overall design of the campus?

The LRDP includes only 35,000 assignable square feet of additional space for academic, research, and storage facilities on campus to reach the 1.7 million a.s.f. level. The balance of the LRDP is directed toward a *reorganization and consolidation* of academic, research, administrative and patient care activities; the creation of a more efficient and harmonious relationship between campus buildings and their programs; the replacement of inadequate, unsafe, and obsolete facilities and the eventual return of University-owned houses to residential use. By creating a network of open space that will preserve panoramic views, open public access to Mount Sutro, and break the "wall of buildings" along Parnassus Avenue, the proposed Plan is designed to enhance the overall appearance of the campus and its relationship with the surrounding neighborhood.

Claire Wray



Communities

United Way Campaign

Hot meals for senior citizens, day care for children, legal aid, and health services organizations are among the 189 agencies who receive financial support from the United Way of the Bay Area (formerly United Bay Area Crusade). During the month of October, residents of San Francisco and the other Bay Area communities of Alameda, Contra Costa, Marin, and San Mateo counties will have the opportunity to contribute to this combined campaign.

UCSF clinical services work with many of the agencies who are under this umbrella campaign led by the United Way. UCSF and the agencies often coordinate efforts to provide supportive care and other aid for parents and their families.

As one example among the Health Services, UCSF's Audiology and Speech Clinic works closely with the Hearing Society for the Bay Area. Patients are referred to the Society which has pioneered in rehabilitating individuals with a hearing handicap, particularly to prevent social isolation.

A UCSF Speech Pathologist learned techniques from the Hearing Society's staff so that she could also develop a rehabilitation program at UC's Ambulatory Care Center.

In the area of Individual and Family Services, young women from the Florence Crittendon Home, especially those in their teens participate in the High Risk/Young Mother Clinic at UCSF, which includes health counseling and child-care instruction. Obstetrical and post-partum care are also provided at UCSF.

A graduate of UCSF's School of Nursing, who completed training as a Nurse Practitioner, now works for the Home and has set up programs to bring students from UCSF to participate in discussion groups with the young mothers.

The Red Cross, a Multi-Service Agency, uses the Millberry Union swimming pool regularly for Water Safety Instruction classes for their certification program. They also have developed an education program to prevent and to give emergency care to people who choke on objects, usually food. The advisory board for this project has several faculty members from the Schools of Medicine and Nursing. These and other services, such as transporting patients to and from home to UCSF for treatment are among those that help people in the community.

Family Service Agencies counsel individuals, couples, and groups with social problems. Patients from UCSF are referred to the Agencies by the social service department at the medical center.

Another United Way supported agency is the Visiting Nurse Association which provides nursing care, homemakers, and other therapeutic services in the patient's home.

UCSF Chairperson for the United Way, Ms. Sue Clark, comments that: "Becoming involved with the United Way of helping others means our individual concern reaches many more people than could be done otherwise."

Answering a question about administrative costs of the United Way, Ms. Clark says: "Total year-round costs of raising funds and of administration amount to five-cents out of each dollar for the campaign, and 4.8 cents of each dollar for administration, or a total of 9.8 cents of each dollar. Costs of other community campaigns average 30 percent for fund raising, alone."

Also working on the campus United Way campaign are Tom Gwyn, Consultant to the Chancellor on UCSF Outreach Programs, and Gene Salazar, Assistant Dean of Students; both are co-chairmen. Mr. Salazar is, himself, a member of the Catholic Social Services of Alameda Council, which receives funds from the United Way. Mr. Gwyn is a member of the Board of Directors for both the SF Family Agency and Westside Community Mental Health Association, which are supported by United Way.

The United Way campaign at UCSF this Fall is scheduled for the period October 27 to November 7. Employees at UC may take advantage of payroll deductions or give donations by check or in cash. Headquarters for the campaign are located at 1487 Fourth Avenue.

Needed

You can bring happiness to children in the Moffitt Hospital Pediatrics Unit if you will donate a small (multi-speed) portable record player for the playroom. Please call Betty Cunningham, Coordinator Volunteer Service, 666-4372, if you can help.

Outdoors Unlimited Offers Adventures

A group of 12 people that included a pharmacy student, a housewife, a neurologist, free-lance gourmet, two dental students, a pharmaceutical chemistry instructor, an administrative assistant, an architect, and a loan agent, and myself from the Millberry recreation department, headed off to Idaho this summer to voyage for eight days and nights down the middle fork of the Salmon River. The Salmon is one of America's most beautiful and primitive rivers. Half of this motley crew brought together by "Outdoors Unlimited/Wilderness Exchange" were city folks who had never spent more than a couple of nights in a row without a roof over their heads; many of us had less than a year's experience running down wild rivers. The journey, however, was an unforgettable adventure with abundant wildlife, tumbling whitewater, warm companionship, and natural wonders of which most of us had only dreamed. For me, it was something that three years ago would have had my knees knocking just to think about, but it proved to be an exhilarating experience that I will never forget.

The important message that the "Outdoors Unlimited/Wilderness Exchange" brings to this community is that there are myriads of wonderful experiences awaiting us in nature. As city people we have been conditioned to believe we haven't the ability to become involved in such experiences; and that conditioning is, quite simply, false.

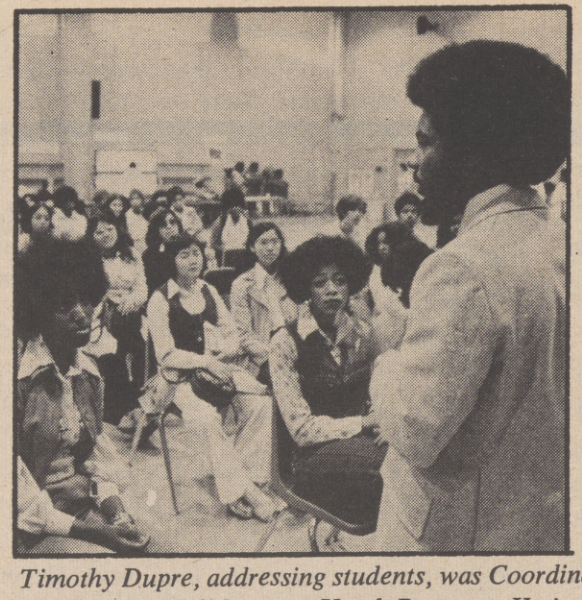
"Outdoors Unlimited/Wilderness Exchange" is a campus *and* community service, funded by the associated students of this campus. It offers the information, education, and equipment necessary to venture into nature, and provides a meeting grounds for people interested in sharing their outdoors experience and skills with those who have none but who are interested in learning. Every season, at absolutely no cost to participate, the "Outdoors Unlimited/Wilderness Exchange" program offers a minimum of fifty classes and clinics. There are also outdoor adventures ranging from wild herb collecting to mountain climbing, at minimal cost.

The people at "Outdoors Unlimited/Wilderness Exchange" believe that for psychological, physical, and ecological reasons the experience of nature is essential to people who reside in cities. They wish to afford that experience to as many people in this community as possible. They also believe that a program such as theirs can be a valuable instrument for bringing together the many factions of this community, particularly the people of the UCSF campus with the people of the Inner Sunset, the Haight, and Edgewood communities. For these reasons, "Outdoors Unlimited" is seeking greater community involvement in this campus-based program.

Some of the community oriented projects that the "Outdoors Unlimited/Wilderness Exchange" program has initiated include a scholarship program with the "Outward Bound Wilderness Schools" to train community people in outdoor leadership skills who can then return and train others; a women's introduction to backpacking clinic; and, in conjunction with the Golden Gate National Recreation Area, a juvenile rehabilitation program utilizing the whitewater experience.

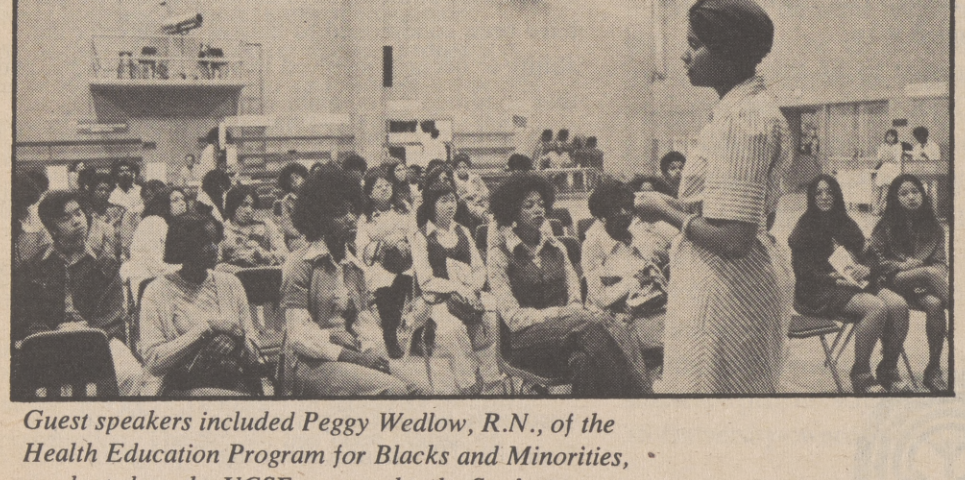
If you are already involved in some form of outdoor activity, or if you would like to become involved in some outdoor activities, or if you don't think you have the strength, ability, time, common sense, or need to become involved in outdoor activities, drop by the "Outdoors Unlimited" Office at 1309 Third Avenue between 11:30 a.m. and 1:30 p.m., or 4:00 p.m. to 6:00 p.m., Monday thru Fridays; or telephone 666-2078.

S. J. Stepanovich



Timothy Dupre, addressing students, was Coordinator of the eight week Summer Youth Program. He is a State Credentialed student counselor.

The Career Day exhibit sponsored by CORT (the campus Communications Office for Research and Teaching) attracts the attention of another Student employee, Bayard Collier (far right).



Guest speakers included Peggy Wedlow, R.N., of the Health Education Program for Blacks and Minorities, conducted on the UCSF campus by the Student National Medical Association.

Sergeant Jerome Graham, of the Campus Police, explains the use of security equipment.

TV channels 2 and 4 covered Career Day for their evening news shows.

Maynard Evans demonstrates inhalation therapy equipment for Summer student employee Monique Smith.

Jean Orr, R.N., staffed the Operating Room exhibit, which won first prize at the Career Day event.

Summer Youth Career Day

Student employee Alan Smith, is shown with David Johnson, Manager, Employee Development Division, Personnel Office; and Lee Charette, UCSF Personnel Manager.

A special Career Day event in Millberry Union Gym climaxed the Eighth Annual Chancellor's Summer Youth Program at UCSF. Many campus departments and services presented exhibits, demonstrations, career and educational counseling for the high school students who were employed here during the vacation period.

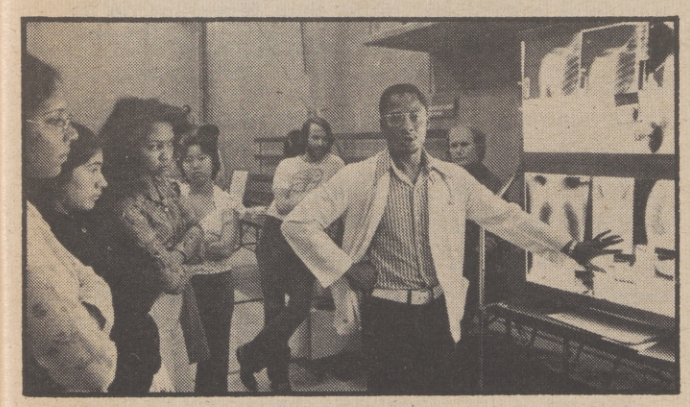
A total of 76 students were placed in summer jobs at UCSF through the San Francisco Unified School District's Neighborhood Youth Corps (NYC) program, the Catholic Youth Organization, the Earl Paltenghi Youth Center, and the Western Addition YWCA. Students were paid jointly through NYC Federal funding and University departmental salary budgets.

Departments employing students this summer included nutrition and dietetics, pharmacy, radiology, public information, pediatrics, nursing service, oral surgery, dentistry, hospital and clinics administration, surgery, personnel, contracts and grants, psychiatry, and materiel management.

A weekly enrichment program for the students, including campus tours, group discussions, and guest speakers was sponsored by the Employee Development Division of the UCSF Personnel Department.

Chancellor Francis A. Sooy, was a special guest at the Career Day program and luncheon.

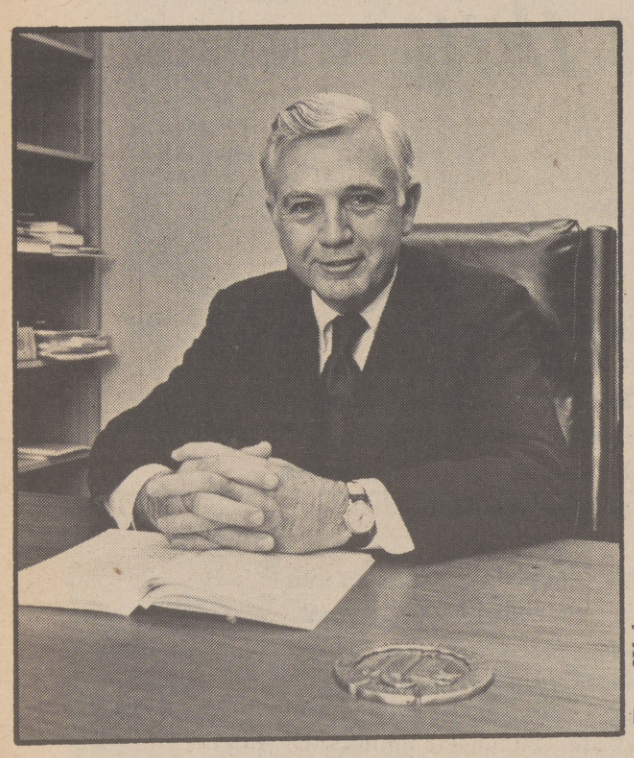
Dental Student Siggie Jennings conducts a tour of the Mobile Dental Unit.



Nat Rutherford, of the Moffitt Hospital Radiology Department, describes X-ray films.

photos by Tom Walters

Memo



Tom Walters

UCSF's range of involvement in the health care field extends far beyond the walls of its buildings. We are involved in a myriad of outreach programs which range from participation in local health fairs to providing dental care in a mobile unit in Split, Yugoslavia.

Following is a brief description of just three of the different directions in which UCSF is moving:

1) In our immediate community two very dedicated and innovative representatives of the campus, Suvira Chaturvedi and Michael Heyn, have gone to the community to identify the types of health care needs which individuals in the community feel are unmet. They are currently working toward development of programs of mutual cooperation between UCSF and local community groups in the areas of assistance for alcoholics and health care for senior citizens.

2) A Family Practice Residency Program with satellite programs at San Francisco General Hospital, Community Hospital of Sonoma County, and the Valley Medical Center in Fresno, trains physicians for the practice of family-oriented primary care. These satellite programs offer a full range of health care services, including family counseling with an emphasis on understanding the social and health problems of the particular community.

3) The Fresno Medical Education program, which will get underway this Fall, will be the most significant decentralized teaching program UCSF has participated in to date. The Veterans Administration in Fresno and the UCSF School of Medicine will begin a program of clerkships for third and fourth year students and intern and residency programs at a number of hospitals in the Central San Joaquin Valley. This program will provide opportunities for students and physicians in a semi-rural, agricultural area and, more importantly, enhance the availability and quality of health care in the Central Valley.

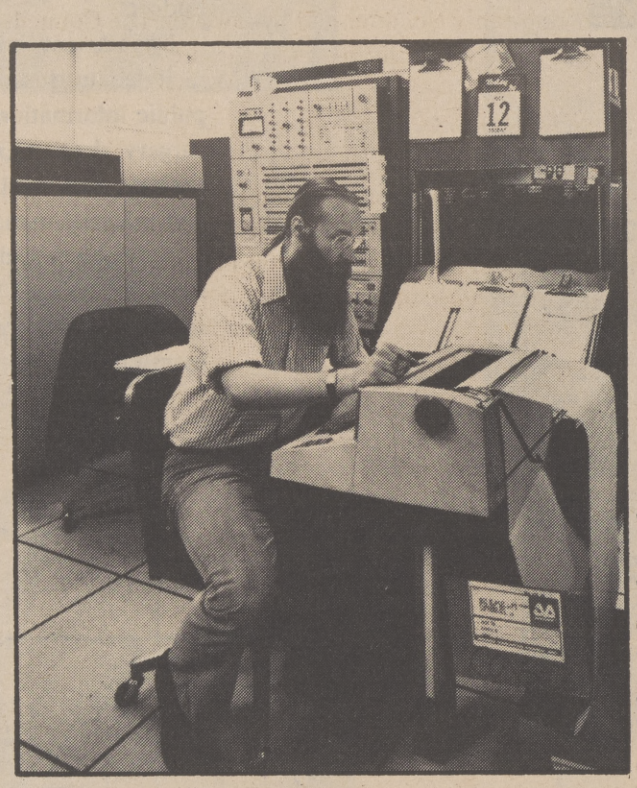
Francis A. Sooy, M.D., Chancellor

On Campus

Computer Aids Health Care

Imagine being able to perform fifteen or more dissimilar, yet highly complex tasks simultaneously with great speed and accuracy! The computer equipment at the UCSF Information Systems Computer Center does exactly that, and more—up to 400 jobs a day for administrators, researchers, and physicians.

Development of computer services on the UCSF campus began in 1961 and culminated in the organization of an Office of Information Systems in December, 1967. Dr. John A. Starkweather is Director of this Office which is composed of three distinct divisions specializing in systems for instruction and research, management systems, and computing services. These divisions serve different clients and must operate with different styles and types of personnel to coordinate computer assistance to many different areas of activity on the campus, as well as selected off-campus users. The staff also advise departments on the acquisition of their own computer equipment and its use.



Dr. John A. Starkweather

Ron Williams, Operations Manager of the UCSF Computer Center, at the console of the IBM 360/50 main computer. The "memory bank" is the plain compartment in back of him.

With rapid development of technological advances computers are playing an increasingly important role in health care delivery. They can assist in gathering data to correlate facts and determine relationships, monitor the quality of medical services and amplify the appropriate use of scarce resources.

Such awesome capabilities might suggest a monolithic, omniscient machine which runs and controls everything, but this is not the case. Doug Mosher, Chief of Management Systems at the Computer Center, explains: "Computers can't make judgments and they can only do what they are told—they are merely tools used by the physician, who makes all patient diagnoses, care, and treatment decisions." In referring to the use of computers by physicians, Doug uses the analogy of the thermometer being better than a hand on the head to test for fever.

As patient care becomes more advanced and more services are provided, there is a need for more support functions for each patient.

Computer Processing Methods

When all the data is prepared, then run through the computer for answers, the product is called a "batch" job. Batch jobs are used for a variety of research and administrative tasks. Results of brain tumor chemotherapy, relationship of drug usage and dental disease, simulation of nurse judgmental process, scoring of psychological tests, and the study of equipment maintenance procedures and reliability, are examples of research jobs processed in the batch method.

Currently, Dr. John A. Newmeyer of the Haight Ashbury Free Clinic is using the computer to analyze the medical records in order to study relations between demographic data and patients' drug histories, sex, race, age, etc. Administratively, the computer is being used to handle billing functions, including the automatic production of a high volume of different forms required by insurance companies and governmental agencies. Increased accuracy and speed reduce such tedious hand-prepared paperwork, thus providing indirect benefits to the patient.

When it is not possible to wait for a half hour or overnight for information, computers can be used in an "interactive" or "on-line" mode. Such on-line applications use typewriter-like devices or small screen devices like television sets. These are called "terminals" and they are located at data collection points or where the answers are wanted: nurses' stations or department clerks' desks, for example. These terminals connect with the central computer by telephone or similar lines and bring part of the power of the large central computer to the place the service is rendered. When a request is typed in, the answer can be returned in a few seconds or minutes.

This approach is especially useful for high-volume jobs, but it is more expensive and not necessarily for many applications.

Clinical Uses of Computer

These electronic medical tools aid in calculating proper medication doses and patterns for cancer treatment, as well as monitoring patients in the intensive care units. They enable precise, individualized treatment immediately rather than depending on the time-consuming process of researching written manuals.

Certain on-line applications use specialized small computers, commonly called "mini-computers." They are located near the site of use, such as a ward or treatment lab. Connections can be made to measuring instruments to watch over patient blood pressure or breathing rate, for example, to cause an immediate alert to attending personnel when any possibility of danger occurs.

Records of this patient data can be kept by these mini-computers and can be studied later. The mini-computers can relay data over telephone lines to the

larger computer for more thorough studies or for correlation with other data such as medical history or laboratory data.

The main computer can simultaneously perform long-term research analyses on accumulated data from various sources. Acquiring and storing medical data, and rapid associative processing are methods used in the detection of such cause and effect relationships as found in many neoplastic and degenerative diseases when the intervening time interval is months or years.

Innovative diagnostic tools now in use that couldn't function without computer assistance are the EMI Brain Scanner and Body Scanner. Both use a computer to process the information they gather in many thousands of simultaneous readings taken by their detectors during examination. The process, involving complex equations, is called "computerized transaxial tomography."

Computers and Teaching

According to Drs. M. Scott Blois and A. I. Wasserman of the Graduate Academic Program in Medical Information Sciences, the information explosion of the last decade has created a severe need for adequately trained information scientists. They have written, "The sophistication and complexity of the information processes in medicine are fully as great as those in any other human endeavor."

To that end, a graduate academic program in medical information sciences was established at UCSF in October, 1969 to educate scientists to perform research and development in information technology in a health care setting. This interdisciplinary program, leading to a Doctor of Philosophy degree, consists of an introductory series of courses in medical information, computer sciences, medical systems and analysis, and measurement and evaluation, followed by advanced course work and dissertation research.

This is the second year that the UCSF Computer Center, in conjunction with the Department of Pharmacology, has used computer-based education as an adjunct to the teaching of pharmacology. The computer-based teaching materials are designed to cover several of the commonly used drug groups, and are set up as simulated clinical encounters. After selecting a case, the student is given some introductory information about a patient and his symptoms. The student then utilizes the computer to gather additional data, make a diagnosis, and work out appropriate medication plans. Six programs are currently in use, including the subject areas of insecticide poisoning, hypertension, cardiac arrhythmias, congestive heart failure, digitalis poisoning, and shortness of breath.

Of the students who used the computer-based education exercises, 96 percent stated they would like to see more computerized self-instructional programs.

It all sounds complex, and it is. "The process of setting up the detailed codes to make the computer do what people want done is a difficult, time-consuming job," Doug Mosher claims, "but it isn't magic." He reminds us that not every job is appropriate for the computer, but "when you need it, you're glad you only had to do all that paper work or calculation once, and then the computer does it for you, many times, just the way you told it. This frees human time for more creative work and more human attention to the patients."

Michael Douglas

UC Employees Council

A bit of history was made on May 16, 1975 at the San Diego campus when representatives from seven UC campuses met to discuss the feasibility of setting up a campus-wide council of staff associations from the nine UC campuses. Discussion centered around funding for such a council, and a draft charter prepared and submitted by the Davis campus. UCSF offered to host a second meeting of the group, and the invitation was accepted by all representatives in attendance.

On July 18, UCSF was host to the second meeting of the group, the purpose being to put into final form and ratify a charter and by-laws for The Council of University of California Staff Employees Associations (THE COUNCIL). The charter was signed by a representative from each of the six campuses attending. The purpose of The Council is to improve communication among UC campuses and with campus administrations, and to advise the president and the University Staff Personnel Board on matters of Universitywide nature that affect staff employees. The meeting was attended by representatives from Berkeley, Davis, Irvine, San Diego, San Francisco, and Santa Barbara.

The major staff association on each of the nine campuses is entitled to one representative and one alternate member. UCLA, UC Riverside, and UC Santa Cruz were not represented at the July 18 meeting, but will have another opportunity to join The Council at its next meeting, October 17 at the Irvine campus.

Bill Allardice, of the UC Davis campus was elected Chairperson of The Council. The group then considered insurance coverage for employees driving University cars, employee counseling services, educational benefits for staff, and the concept of an ombudsman as an arbitrator in grievances.

Following the Council meeting, a reception was held for all SEC representatives and alternates (including employees who are not members of SEC but who are members of the standing committees), and for the representatives from other U.C. campuses.

Employees wishing to suggest topics for consideration at the Council's October 17 meeting should send their ideas to the Staff Employee Council, 1361-A Third Avenue, Extension 3000. All meetings of The Council are open to observers.

Michael Douglas

SF Heart Association Election

Three members of the UCSF staff—two of them cardiologists and the third the Nursing Supervisor of the Ambulatory Care Center—were elected recently to top offices in the San Francisco Heart Association.

Thomas J. Kaiser, Assistant Clinical Professor of Medicine, was elected president of the Association for the term 1975-76; Robert Popper, M.D., Assistant Professor of Pediatrics, was installed as president-elect; and Doris Wellenkamp, R.N., was elected to chair the Board of Governors of the Association. She is the first woman to hold this position, although two women have served as president during the Association's 45 year history.

All three have been active for many years in the Association. Dr. Kaiser has served on its Board of Governors, Executive, Symposium, and Coronary Care Training committees. Dr. Popper's previous experience includes membership on the Executive Committees and the Board of Governors. He has also headed the Professional Education Committee and the Kerr Fellowship Review Committee, which makes awards to researchers in the cardiovascular field. Dr. Popper, a pediatric cardiologist, will succeed to the presidency of the San Francisco Heart Association on July 1, 1976.

Miss Wellenkamp has served the Association as its vice-president and secretary and has been active in the Nursing Education, Personnel, Awards and Nominating Committees. A member of the UCSF Nursing Staff, since 1953, she was Nursing Supervisor of the Intensive Care Unit before her appointment earlier this year to the Ambulatory Care Center.

Claire Wray

Romaine

Doris Wellenkamp, R.N., new chairman of the San Francisco Heart Association's Board of Governors, and Thomas J. Kaiser, M.D., newly elected president of the Association, accept congratulations from outgoing president William Armstrong, M.D. (far left) and retiring Board chairman Robert Ehlers. Not pictured is another UCSF faculty member, Robert W. Popper, M.D., who was installed as president-elect.

Task Force on Parking

The campus community must make a serious commitment to reduce the number of single occupant automobiles coming to the campus by at least 1.5 percent per year, according to the Chancellor's Task Force on Parking.

"This means a concerted effort to affect the daily habits of at least 130 individuals a year. The effort will concentrate for the most part on faculty, staff, and students who drive to the campus," states the Task Force in its preliminary report in response to the campus Environmental Impact Report.

At the same time, an effort will be made to increase use of public transportation by visitors and outpatients, as well as members of the campus community. The long-range objective of these efforts is to prevent an increase in and, if possible, to decrease the present number of automobiles coming to the campus, and to reduce the demand for on-street parking.

According to the report, "the single most effective means of insuring adequate parking for local residents is to obtain preferential parking for neighborhood residents and homeowners." Chancellor Francis Sooy has announced his report of current community efforts to accomplish this, and the Task Force will cooperate in efforts to obtain legislation to implement such a proposal.

Extension of the No. 44 Municipal bus line is being sought as part of the effort to develop an improved north-south public transit connection to the UCSF campus. Improvements in the N-Judah streetcar service, including reduced travel-time from lower Market Street, projected for Fall, 1976, are also expected to substantially expand public transit usage.

Passenger use of the commuter buses between the campus and Marin county has increased eightfold in the last 48 months, reports the Task Force, and a proposal for similar commute service to the Peninsula and East Bay is being explored. Efforts are also underway to establish direct shuttles between the AC Transit Terminal, Southern Pacific Depot and the campus, and pilot projects are underway to test the use of smaller shuttle van service for employees and patients.

Members of the Task Force include Ms. Ruby Brown; Ms. Pat Diridoni; Dr. Jere Goyan, Dean of the School of Pharmacy; Mr. Tom Gwyn, Consultant to the Chancellor on Outreach Programs; Ms. Elaine Hussey; and Ms. Frances Larragueta. Chairman of the Force is Mr. Robert A. Derzon, Director of Hospitals and Clinics.

Claire Wray

Bus Service to Campus

UCSF employees who commute from the East Bay, the Peninsula, and those using ferries from Marin have a new bus service available to them. The Franciscan Bus Company picks up UCSF passengers at 125 Fremont Street, under the arch at the East Bay Terminal. The first run starts at 7:35 a.m. and the second at 8:30 a.m. After about a 10 minute wait at the Terminal the bus proceeds to the S.P. Depot on King Street, between Third and Fourth streets, and picks up additional passengers. The bus then goes directly to UCSF and delivers passengers at the Irving Street entrance to the campus. Afternoons, the bus departs at about 4:05 and 4:45 from the Irving Street stop.

For those interested in the commute service, a meeting will be held on Thursday, October 2, during the noon hour in HSW 303. Scheduling and seating capacity will be on the agenda. All those attending are invited to contribute suggestions for this direct-to-campus bus service.

A trial period started September 22 and free service was extended for one week to acquaint riders with the new accommodation. It is estimated that a monthly rate of about $14.00 per passenger will be charged when regular service begins on October 6. Temporary passes will be available for the first month, and special UCSF passes will be printed later.

The new commute service was initiated by Dawn Hammond and operates under the name of the Medical Center-Market Street Commute Club. Any inquiries should be addressed to her at 595 HSW. Ms. Hammond emphasizes the point that to make the shuttle work *you* must participate.

Psychotherapy Videotapes Produced at UCSF

Six, one-hour videotapes dealing with brief psychotherapy are now available for use in the training of psychiatry residents, psychology and social work students, and community mental health workers.

The series was produced by Virginia Patterson and Maureen O'Sullivan, both Professor of Psychology in the Department of Psychiatry, and were made in collaboration with Tom Banks of CORT's division of Educational Television.

Says Ms. Patterson: "Shortening the length of psychotherapy so that mental health services may be made available to a larger number of persons is one way of reducing the marked discrepancy between the demand for mental health services and the supply available. These series demonstrate how brief therapeutic approaches can make a significant contribution to a patient's life and psychologic functioning.

The six therapists (of several theoretical persuasions) presenting their views of brief psychotherapy in ten interviews or less, have all served as consultants to the Immediate Treatment Service of Langley Porter Neuropsychiatric Institute and are on the faculty of the School of Medicine at UCSF. They are: E. F. Alston, M.D.; David Geisinger, Ph.D.; Harold Renaud, Ph.D.; John Hess, M.D.; Betty L. Kalis, Ph.D.; and Howard Levene, M.D.

Tapes may be rented or purchased. Further information may be obtained by writing to Educational Television, Room 431 N, University of California, San Francisco, or telephoning 666-1958.

Joan Spiegelhalter

Tom Walters

UCSF's Dawn Hammond looks over the shoulder of Elizabeth Redd, who pilots one of the Franciscan Line buses that are used for a new direct-to-campus service.

SFGH

Sixth Aggeler Lecture

Professor David J. Weatherall, of the University of Oxford, will be the Sixth Annual Paul M. Aggeler Visiting Professor here next month. He will speak at Medical Grand Rounds both at SFGH and UCSF.

The Aggeler Lectures honor the late UC Clinical Professor of Medicine who served as Chief of Hematology at SFGH from 1963 until his death in 1969. Dr. Aggeler was a world authority in the field of coagulation and the treatment of hemophilia.

Dr. Weatherall's lecture in Carr Auditorium, SFGH, on Tuesday, October 7, from 11-12 noon, will have the topic "Molecular Pathology of the Thalassemia Disorders." On Wednesday, October 8, from 10:30 to 12 noon, he will speak in Cole Hall at UCSF on "Clinical and Genetic Aspects of the Control of Fetal Hemaglobin Production."

Currently the Nuffield Professor of Clinical Medicine at Oxford, Dr. Weatherall has served the World Health Organization and other international organizations as a research consultant on the blood disorder, Thalassemia, and in the field of abnormal hemoglobin production. He has been invited to deliver lectures on his specialty at scientific meetings in many parts of the world.

Claire Wray

Prisoners' Health Project Continues

The 14 month old Prisoners' Health Project, based at San Francisco General Hospital and the County Jails, has received a $470,000 grant to continue and expand its activities through June 1976. The grant, from the Department of Health, Education and Welfare, is awarded through the San Francisco Department of Public Health.

Dr. Richard Fine, Director of the Medical Outpatient Clinics at SFGH, and UCSF Assistant Professor of Medicine and of Ambulatory and Community Medicine, will continue as Project Director. Robert Jourdan, formerly Project Social Worker at the San Bruno Jail, has been appointed Deputy Director of the Project.

Under the renewed grant, the Project will continue to provide many services that were virtually nonexistent before it was initially funded in July 1974. These include health screening units at the County Jails and a cooperative system of medical records for prisoners maintained among the two local jail sites, State prisons and the SFGH Security (Prisoners') Ward. Social services and psychological support services also will be continued for prisoners served by the Project.

New activities include an expanded program of community education and relations with the news media; new pre- and post-release programs to help prisoners with health problems; and a clearinghouse for prison health information, including a monthly newsletter.

The Prisoners' Health Project included among its employees many former prisoners, and they are hired through UCSF. The Project's Board of Directors, which now includes a current prisoner-representative of both the men's and women's jails at San Bruno, has been designated to serve, on a permanent basis, as the San Francisco Health Department's official Community Advisory Board for jail health care.

Robert Jourdan replaces Brian Glick, who has left the staff to teach at UC Berkeley. Former Medical Administrator of the Project, Dr. Paul Lowinger, will continue to serve as a psychiatric consultant.

Claire Wray

SFGH Greets Interns

The 1975-76 Clinical Training Program began in July at SFGH with a superior group of interns from all parts of the United States selected to participate.

The SFGH Dean's Office, UC School of Medicine, reports that applications for the 1975-76 Clinical Training Program were received from 796 graduates representing 99 medical schools. The 38 available spaces in the First-year Training Program were filled from among these applicants.

Candidates are chosen by means of a highly competitive "matching" process in which prospective interns rank various training hospitals in order of their preference, and the faculties of the training hospitals, in turn, rank the candidates according to their qualifications. Final results are determined by data processing at the National Intern Matching Program, Evanston, Ill.

Of the 512 students who applied for training in the SFGH academic Division of Medicine, twelve positions were filled from the top 32 applicants ranked by the Medical Service. Eight Family Practice interns were matched from the top 14 of 148 applicants ranked by the Family Practice Program.

Claire Wray

AUXILIARY MEMBERSHIP
application
U C HOSPITALS

Fill this out and Mail to:
Moffitt Hospital, U.C. San Francisco 94143

NAME_____

ADDRESS_____

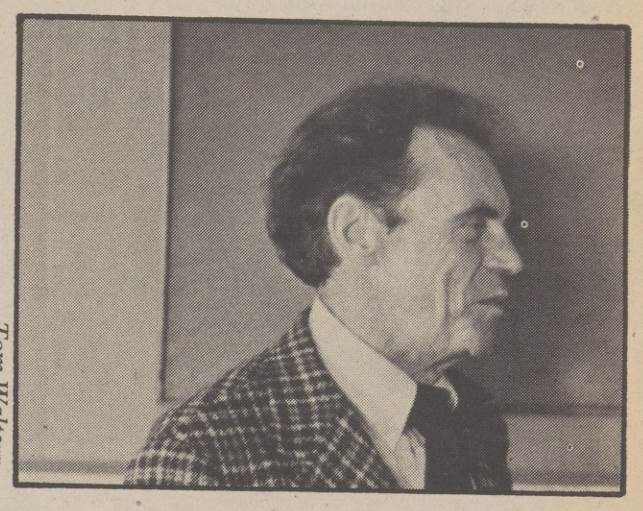
Types of Membership:

ACTIVE	$10 per year	CONTRIBUTING	$25 per year
ALUMNI	$10 per year	SUSTAINING	$50 per year
VOLUNTEER (those active in volunteer service at UC Hospitals)	$2 per year	PATRON	$100 per year
STUDENT (open to all students and their spouses)	$2 per year	SPONSOR	$150 or more per year
		LIFE	$500

Membership is tax deductible

Auxiliary

O'Hara, Board Member



Tom Walters

George O'Hara, a member of the Board of Directors of the UC Hospitals Auxiliary, and founder of "O'Hara's Beggars."

Helping people comes naturally to George O'Hara, one of the newer members of the UC Hospitals Auxiliary Board of Directors.

George, a publisher's representative, is originally from New York City, where he worked as a volunteer with emotionally disturbed children at Bellevue Hospital. For the past several years, he has given volunteer service in the Moffitt Hospital Pediatrics Unit at UCSF. Since 1970, he has devoted a major share of time and energy to a one-man effort, called O'Hara's Beggars, to help Vietnamese children and families.

George O'Hara made the first of four annual winter trips to Vietnam when he learned through a friend that a young American, serving as administrator of a shelter for paraplegics, was badly in need of a vacation. George decided to serve for a month as a substitute for the young man, who had worked without a break for two years.

While he was in Vietnam, George saw the desperate need for medical supplies, wheelchairs, blankets, and other items, and did what he could to collect them. On his return to his home in Los Altos, he organized O'Hara's Beggars to mobilize support for the following non-political groups: the Shoeshine Boys, the Vietnamese American Children's Fund, the International Rescue Committee, and Children's Medical Relief International.

(The Shoeshine Boys, founded by a U.S. Citizen, Dick Hughes is still being allowed to run eight shelters—seven for boys and one for girls—in Saigon.)

For the next five years, George "begged" for supplies from medical firms and hospitals for donations of money and other necessities. His annual Christmas vacation trips then included working in Vietnamese hospitals, orphanages, and jails to relieve overworked staff members. With Dick Hughes of the Shoeshine Boys, he combed the streets at night to rescue children and families sleeping in cardboard cartons, and got them into hospitals or the Shoeshine Boys shelters.

Between trips, he gave talks at schools and churches, inspired groups of children and parents to make soft toys for a children's long-term burn unit in Vietnam,

promoted neighborhood carnivals to raise funds, and continued to keep a lifeline of medical supplies flowing into refugee camps and hospitals.

The end of the war has meant a change in focus for O'Hara's Beggars. For the first time, George won't be making his annual trip to Vietnam, and he has been cut off for the most part from the opportunity to help people still in that country.

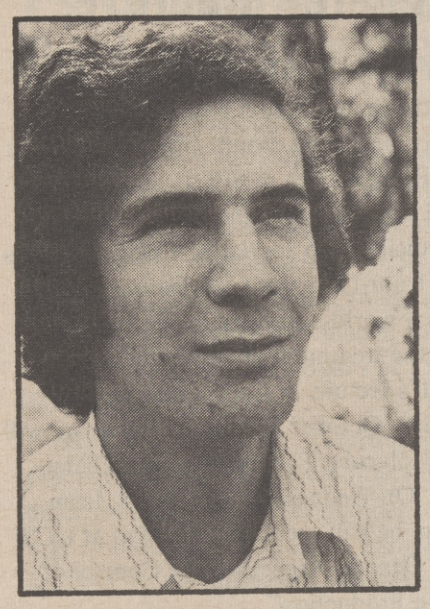
Instead, O'Hara's Beggars have been working to find sponsors for Vietnamese families, to reunite members of refugee families now living in many parts of the United States, to provide gifts of clothing and furnishings for the newcomers, and special help for Vietnamese amputees and paraplegics now in this country.

If you want to help, write to O'Hara's Beggars, P.O. Box 405, Los Altos, CA 94022.

Claire Wray

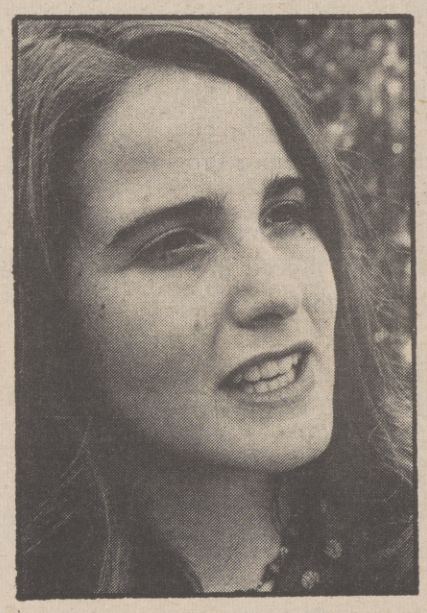
Student Volunteers Feted

This summer, 140 students gave over 6,000 hours in volunteer service to the UCSF Hospitals and Clinics. For most of them, the volunteer assignments also offered a valuable opportunity to learn about health science careers. The traditional reception, hosted by Chancellor and Mrs. Francis A. Sooy at University House, was a special occasion for the staff and faculty to say "thank you" to the students, and for the young people to share experiences before returning to their classes.



Another U.C. Davis medical major, Jack Wilson, also worked in Dr. Leslie Z. Bennett's research laboratory.

Mary Thorne is studying at Mercy High School in San Francisco. Her summer volunteer assignment was in the Department of Nuclear Medicine.



Zora Rogers returned to her science courses at UC Berkeley after spending the summer months assisting in a hematology research project at the UCSF Radiobiology Laboratory.

Penny Ralini, of the U.C. Davis campus, has a special interest in medical research. Her volunteer job was in the laboratory of Dr. Leslie Z. Bennett, Associate Professor of Pharmacy and Chemistry.

Bonnie Beem, a pre-medical major at City College of San Francisco, is a volunteer in the Moffitt Hospital Recovery Room, not only during vacations, but throughout the school year.

Chancellor Francis A. Sooy is shown with Steve Isono, a Harvard sophomore whose family lives in Oakland. Steve, who plans a medical career, worked as a summer volunteer helping patients and staff in the Moffitt Hospital Coronary Care Unit.

photos by Tom Walters

Hospitals and Clinics: Synergy

Vallejo Benefit Race

Tom Walters

Barbara Hopkins, Pediatrics Head Nurse

Singlehandedly, Barbara Hopkins, R.N., sold 96 tickets at $2.50 each, to the Vallejo Speedway's Second Annual Benefit Race, held August 16, on behalf of the UCSF Moffitt Hospital Children's Unit.

"No one could escape Barbara's sales campaign," recalls a colleague on the Pediatrics Unit Surgery Wing (Six East) where Mrs. Hopkins is Head Nurse.

Many Bay Area physicians and dentists—including members of the UCSF staff—drive in the benefit race, sponsored by the Sears Point Oval Racing Wives Club. This year's event raised $1,800 all of which will be used to provide urgently needed furnishings and other comforts for the Children's Unit.

Barbara Hopkins has been a Pediatrics Head Nurse here for five years. Her compassion for sick children has led to many special acts "beyond the call of duty." For instance, she and her husband, Charles, are now the proud adoptive parents of Eric, age eight months. Eric was born in Moffitt Hospital without abdominal muscles, and relinquished for adoption. Because Barbara Hopkins and her husband wanted this handicapped baby for their own, Eric is getting all the love and needed medical attention they can provide.

Claire Wray

NEW OFFICE

The academic offices of the Department of Orthopedic Surgery have moved from Moffitt Hospital to Room 414 University Hospital. The new offices are located across from the Biomechanics Laboratory, which works closely with the Department. Department Chairman is Donald B. Lucas.

Thank You for Your Gifts

Various Donors: U.C. Pediatrics Fund

Vallejo Racing Association — For Sixth Floor, Pediatrics

In Memory of—

Emma Fredricks — Ruth Blado
Movie Committee, Butch Althar and Mr. and Mrs. Wm. L. Wright — Ruth Blado
Mr. and Mrs. Tom Laird — Ruth Blado
Mr. and Mrs. R. Bishikis — Ruth Blado
Mr. and Mrs. V. Butcher — Ruth Blado
Mr. and Mrs. Robert Butcher — Ruth Blado
Mr. and Mrs. R. L. Walters — Ruth Blado

Various Donors: Intensive Care Unit

Co-workers of Mrs. Leslie Harper, U.S. Post Office, 7th & Mission Sts., San Francisco — Mr. and Mrs. Leslie Harper's Baby Girl

Various Donors: Sheila L. Carvalho Fund

for purchase of new dialysis equipment for Children's Renal Center

Audrey P. Abrahamson
Joe Chu
Mr. and Mrs. Frank F. Cormier
Esther's, San Leandro
Irion Haywood
Helen Constable
Maryann Constable
Rose Corsi
Mr. and Mrs. Harold L. Wiprut
Mr. and Mrs. George H. Johnson
Joan Saiz
Golden Link Rebekah Lodge #105
Mr. and Mrs. George W. Clark
D. Dyer
Mr. and Mrs. Thomas Clinkenbeard
Mr. and Mrs. Harold A. Martin
Ethel Jean Hall
Alice P. Mills
Tallarico Realtors
Mr. and Mrs. Eugene L. Beggs
Mr. and Mrs. Robert V. Prado
Leland Berg
Mr. and Mrs. Milton E. Paige
Frances Filippelli
Mr. and Mrs. Roy R. Lee
Mr. and Mrs. George J. Schopplein
Annabelle Myers
David Mehrer
Trinity Church, Oakland

Eleanor L. Holland Fund

Dr. John B. Lagen

Various Donors: U.C. Hospitals Memorial Donations Fund

Robert A. Derzon
Hospital Research and Education Trust
Dr. Julius Comroe, Jr.

In Memory of—

Elizabeth H. Brown — Everett Dearwater
Mr. and Mrs. Jack Urbanski — Frank E. Urbanski
Mr. and Mrs. Jake Mill — Mrs. Grace Koch
S. Marshall Kempner
Mr. and Mrs. Jack Urbanski — Edith Vaughn Lindenberger

Various Donors: Children's Renal Center

Sophomore Class, Mercy High School, San Francisco
Malcolm A. Holliday, M.D.

University of California
UCSF News 897
1487 Fourth Avenue
San Francisco, California 94143

Nonprofit Org.
U.S. Postage
PAID
San Francisco, California
Permit No. 8285

Inside

Dr. Sol Silverman stresses the importance of early detection of cancer in the mouth, an important function of dentists. 2

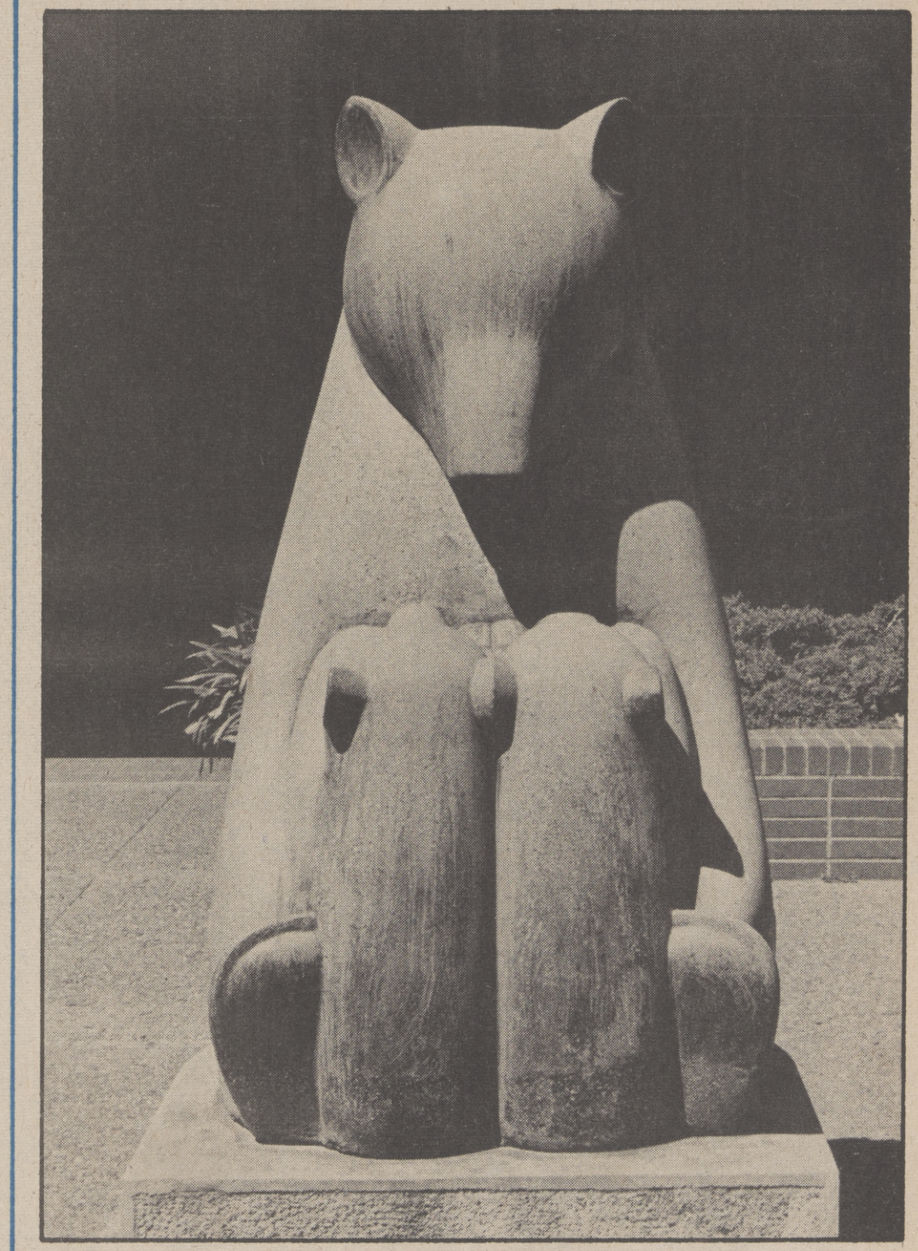
Breast biopsy is being successfully performed at UCSF on an outpatient basis. 3

Some questions and answers clarify the UCSF Long Range Development Plan. 4

Students were placed in summer jobs at UCSF. The program ended with a special Career Day event. 8

UCSF NEWS

VOLUME III Number 3 September 1975



UCSF Bears Welcome the New and Returning Students